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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 22-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 23, 2022

Krista Flemming, Interim Director
Medical Services Division
ND Department of Human Services
600 East Boulevard Avenue Dept. 325
Bismarck, ND 58505-0250

Re: North Dakota State Plan Amendment (SPA) 22-0021

Dear Ms. Knapp:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) ND-22-0021. This amendment proposes to amend the State Plan to update the designee for State Plan submissions.

We conducted our review of your submittal according to statutory requirements in 42 CFR 430.12(b). This letter is to inform you that North Dakota Medicaid SPA 22-0021 was approved on November 23, 2022, with an effective date of October 1, 2022.

If you have any questions, please contact Tyson Christensen at (816) 426-6440 or via email at tyson.christensen@cms.hhs.gov.

Sincerely,

y signed by
M. Mcknight -S
022.11.23
8 -05'00'

Nicole McKnight, Acting Director
Division of Program Operations

cc: LeeAnn Thiel

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 2 1

2. STATE

ND

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



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TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 430.12(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 2023 \$ 0
b. FFY 2023 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 89

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 89 (TN 19-0015)

9. SUBJECT OF AMENDMENT

Amends the State Plan to update the designee for State Plan submissions.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



OTHER, AS SPECIFIED:



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME
Krista Fremming

13. TITLE
Interim Medical Services Director

14. DATE SUBMITTED
October 14, 2022

15. RETURN TO

Krista Fremming, Interim Director
Medical Services Division
ND Department of Health and Human Services
600 East Boulevard Avenue Dept 325
Bismarck ND 58505-0250

FOR CMS USE ONLY

16. DATE RECEIVED
October 14, 2022

17. DATE APPROVED
November 23, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

Revision: CMS-PM-91-4 (BPD)
August 1991

OMB No. 0938-

State/Territory: North Dakota

Citation 7.4 State Governor's Review

42 CFR 430.12(b) The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare & Medicaid Services with such documents.

Not applicable. The Governor --

Does not wish to review any plan material.

Wishes to review only the plan materials specified in the enclosed document.

We hereby certify that we are authorized to submit this plan on behalf of

North Dakota Department of Health and Human Services, Medical Services Division
(Designated Single State Agency)

Date: 10/13/2022

Date: 10/13/2022



(Signature)



(Signature)

Interim Director, Medical Services

(Title)

Assistant Director, Medical Services

(Title)

TN No. 22-0021

Approval Date 11-23-2022

Effective Date 10-01-2022

Supersedes TN No. 19-0015

CMS ID: 7982E